

### **REMARKS**

Applicant respectfully requests further examination and reconsideration in view of the above amendments and the arguments set forth fully below. In the Final Office Action mailed February 26, 2007, claims 1, 4-10, 13, 14, 18-23, 27-32 and 35 have been rejected. In response, the Applicant has amended claims 1, 14, 23 and 32 and has submitted the following remarks. Accordingly, claims 1, 4-10, 13, 14, 18-23, 27-32 and 35 are still pending. Favorable reconsideration is respectfully requested in view of the amended claims and the remarks below.

#### **Rejections Under 35 U.S.C. § 103**

Within the Office Action, claims 1, 4-10, 13-14, 18-23, 27-32 and 35 been rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 6,260,021 to Wong, et al (hereinafter Wong). The Applicant respectfully disagrees with this rejection.

Within the Office Action it is stated that Wong fails to clearly teach “the set of patient context data have to directly generate from PACS directly send this context data to the RIS.” The Office Action further states that it would have been obvious to one of ordinary skill in the art, at the time that the invention was made, to combine the teachings of directly generating from PACS and directly sending to RIS with Wong’s teaching. However, the Applicant respectfully submits that it is not the direct communication of the two systems that the Applicant believes is the novelty of this invention, rather, the ability of the first application to automatically generate a set of context data based on a first request from the first application for image data for a given patient, and subsequently sending that automatically generated context data to the second application so that the second application is prompted to retrieve the patient textual data. The Wong reference does not teach, nor make obvious the capability of making a single request to a first application such that the first application retrieves image data, generates contextual data from the image data, and sends the contextual data to a second application such that the textual data for that patient may be retrieved from the single request.

The Applicant wishes to respectfully focus on the point that Wong does not teach **automatically generating a set of patient context data with the first application nor sending this automatically generated context data to the second application**. Wong references sending a request from the Medical Image Server 12 to each of the PACS and RIS. Applicant concedes that while Wong teaches that the PACS and RIS are “in data communication,” Wong does not teach **generating** a set of patient context data whenever a set of images is retrieved and displayed, and sending that context data to the RIS in order to retrieve the corresponding textual data to the image data, i.e., all of the patient’s data in one request. In the present system and method, a request to the RIS from the user is not necessary to obtain patient information from both the PACS and the RIS. Rather, a user of the system and method merely needs to request a patient’s image data through the first application to receive and display the patient’s data from both applications.

The independent claim 1 a patient data information system, comprising a display unit, a first application configured to display patient images for a patient on the display unit, wherein the first application is configured to retrieve patient image data from a picture archival and communication system (PACS) and to automatically generate a set of patient context data for the patient from the retrieved patient image data, and further wherein the set of patient context data includes patient and user information, a second application configured to retrieve a set of patient textual data from a radiology information system (RIS) and a workstation coupled to the display unit and configured to operate both the first application and the second application that reside on the workstation, the first application configured to send the automatically generated set of patient context data to the second application after the patient image data is retrieved, and the second application configured to receive the set of patient context data and to retrieve and display the set of patient textual data on the display unit in response to the retrieval of the patient image data and generation of the set of patient context data. As discussed above, Wong does not teach nor make obvious automatically generating and sending a set of patient context data from a first application to a second application, and prompt the second application to retrieve the textual data from the first request for image data.

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Amendment dated May 10, 2007  
Reply to Office Action dated February 26, 2007

Accordingly, claim 1 is allowable over the teachings of Wong and in condition for allowance.

Claims 4-10 and 13 are dependent upon the independent claim 1. As discussed above, the independent claim 1 is allowable over the teachings of Wong. For at least these reasons, claims 4-10 and 13 are allowable as being dependent upon an allowable base claim.

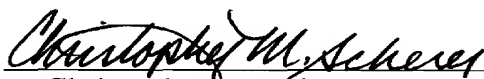
The Applicant respectfully submits that the amended independent claims 14, 23 and 32 are allowable for the same reasons as discussed above regard the amended independent claim 1.

Claims 18-22, 27-31 and 35 are dependent upon the independent claims 14, 23 and 32. As discussed above, the independent claims 14, 23 and 32 are allowable over the teachings of Wong. For at least these reasons, claims 18-22, 27-31 and 35 are allowable as being dependent upon an allowable base claim.

For these reasons Applicant respectfully submits that all the claims are now in condition for allowance, and allowance at an early date would be appreciated. Should the Examiner have any questions or comments, they are encouraged to call the undersigned at 414-271-7590 to discuss the same so that any outstanding issues can be expeditiously resolved.

Respectfully submitted,

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